



North Carolina Department of Health and Human Services
Division of Aging and Adult Services

2101 Mail Service Center • Raleigh, North Carolina 27699-2101
Phone 919-733-3818 Fax 919-715-0023

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Dennis W. Streets, Director
919-733-3983

August 9, 2006

DEAR COUNTY DIRECTOR OF SOCIAL SERVICES:

ATTENTION: Adult Services Supervisors and Intake Supervisors

SUBJECT: ADULT PROTECTIVE SERVICES BASIC SKILLS TRAINING - CORRECTED

The Division of Aging and Adult Services is pleased to announce that the Adult Protective Services Basic Skills Training will be conducted at five sites across the state during FY 2006-2007.

The Basic Skills training is essential for county staff with any level of responsibility for screening, evaluating, or providing Adult Protective Services (APS). The training provides county staff with a working knowledge of APS law, policy, and practice issues. It is designed for social workers who conduct evaluations and plan services for APS cases as well as for line supervisors with management responsibility for this program area. Social workers who have responsibility for adult services intake or who provide back up or after-hours coverage for APS will also find this training beneficial.

The first session of the training, Module I, is two days long and introduces participants to the field of Adult Protective Services. This session covers the statutory definitions used in APS and the policy requirements and practice issues related to receiving and screening APS reports. Staff responsible for intake and/or screening, and those who conduct evaluations or plan services for APS cases, should attend this session. **It is recommended that participants attend *Effective Social Work Practice in Adult Services: A Core Curriculum*, prior to attending Module I.** Basic knowledge and concepts covered in the ***Core Curriculum*** are not covered in Modules I or II of this training.

The second session, Module II, is three days long and will introduce staff to the knowledge and skills necessary for completing thorough evaluations, making case decisions, determining capacity to consent to services, obtaining court orders, and planning services to protect disabled adults. Staff responsible for these functions on a full time, back up or after-hours basis should attend this session. Staff responsible for intake only may also attend this session, as it will allow them to understand the full APS process. **Participants must have attended Module I, or have previously attended the Basic Skills Training in its entirety, as a prerequisite to Module II.**

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The dates and locations for the training are listed below. **Modules I and II both begin promptly at 9:00 a.m. and end at 4:00 p.m.** Participants should plan to stay near the training site unless they live within a reasonable commuting distance. Refreshments will not be provided but participants are welcome to bring their own drinks and snacks.

APS BASIC SKILLS TRAINING DATES AND LOCATIONS

MODULE I

September 14-15, 2006
Buncombe County DSS
First Floor Conference Room
40 Coxe Avenue
Asheville, North Carolina

November 6-7, 2006
Lee County DSS
530 Carthage Street
Sanford, North Carolina

January 4-5, 2007
Carteret County DSS
210 Craven Street
Beaufort, North Carolina

March 1-2, 2007
Cornelius Town Hall
21445 Catawba Hall
Cornelius, North Carolina

May 2-3, 2007
Person County DSS
355B S. Madison Blvd
Roxboro, North Carolina

MODULE II

September 27-29, 2006
Buncombe County DSS
First Floor Conference Room
40 Coxe Avenue
Asheville, North Carolina

November 28-30, 2006
Lee County DSS
530 Carthage Street
Sanford, North Carolina

January 17-19, 2007
Carteret County DSS
210 Craven Street
Beaufort, North Carolina

March 13-15, 2007
Cornelius Town Hall
21445 Catawba Avenue
Cornelius, North Carolina

May 16-18, 2007
Person County DSS
355B S. Madison Blvd
Roxboro, North Carolina

Participants may register for Modules I and II at any of the sites. Participants may also register for Module I only at any of the sites. A registration form is attached. **Please make copies of this form if more than one person from your agency will be attending the training.** It is important that all information requested on the registration form be completed. Registration forms will be accepted for staff not yet identified by the county; however, names and identifying information must be submitted to the Adult Services Section two weeks prior to the date of the specified training session.

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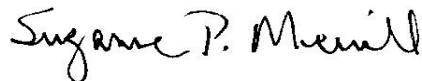
A maximum of thirty (30) participants will be accepted at each of the training sites and registration will be accepted on a first come, first served basis. There is no registration fee

required for the training, however, **you must pre-register**. Participants will be sent a confirmation letter and directions to the training site. When available, suggestions about overnight accommodations will be provided prior to each training session.

Please share this information with the appropriate staff and mark these dates on your calendars. If you or your staff have questions or need additional information regarding the content of the training, please contact Rosalyn Pettyford at (919) 733-3818 or your Adult Programs Representative. For all questions regarding registration, please contact Monica Nealous, Program Assistant, at the number referenced above.

To **assure registration** at a selected location, send your registration as soon as possible. The registration form may be **mailed or faxed** to Monica Nealous at NC Division of Aging and Adult Services, 693 Palmer Drive, MSC 2101, Raleigh, North Carolina 27699-2101. FAX: (919) 715-0023. **On-line registration** is also available at ncswLearn.org. The DAAS Adult Services 2006-2007 Training Calendar can be accessed at <http://www.dhhs.state.nc.us/aging/trngcal.htm>

Sincerely,



Suzanne P. Merrill, Chief
Adult Services Section

SPM/

AFS-10-2006 - CORRECTED

Attachment

It Services, NC Division of Aging and Adult Services Registration Form

Have you attended the prerequisites for this training event?

(For prerequisite information please refer to the training description)

☐ Yes ☐ No

☐ Not Applicable for this Training

First Name: _____ MI: _____ Last Name: _____

If you have ever registered for a training under a different name, what is that name? _____

"Goes By" Name: _____

Gender: ☐ Female ☐ Male

Race/Ethnicity (Optional):

☐ Caucasian ☐ African American ☐ Latino/Hispanic ☐ Asian/Pacific Islander ☐ Native American/Eskimo ☐ Mixed Race

Home Phone (please include area code):

() _____

Work Phone & Extension (please include area code):

() _____

Home phone requested in event of last minute postponement due to severe weather.

Your Work E-mail Address: _____ Fax #: () _____

Agency Name: _____

Mailing Address (PO Box, Drawer #, or Street Name and Suite #): _____

City: _____ State: _____ Zip Code: _____

State Courier #: _____ County: _____

Supervisor's Full Name: _____ Supervisor's Phone (please include area code): () _____

Employment Type:

- ☐ Not applicable
- ☐ County DSS - Permanent
- ☐ County DSS - Temporary
- ☐ County Non-DSS
- ☐ Federal Agencies
- ☐ State Agency/Public University
- ☐ Private University/College
- ☐ Private Agency/Business

Work Type:

- ☐ Direct Client Service
- ☐ Line Supervisor
- ☐ Trainer/Staff Development
- ☐ Program Manager
- ☐ Program/Admin. Support
- ☐ Director
- ☐ Other
- ☐ Not Applicable

Program Responsibilities:

If you are **NOT** a county DSS worker, please skip to the next box (Check all that apply)

- ☐ Adult Care Home CMS
- ☐ Adult Day Care
- ☐ Adult Home Specialist
- ☐ Adult Protective Services
- ☐ Adult Services Intake
- ☐ At-Risk Case Management
- ☐ Attorney
- ☐ Guardianship
- ☐ In-Home Aide Services
- ☐ Special Assistance
- ☐ Trainer
- ☐ Other

Other Roles:

Complete this box if you are **NOT** a county DSS worker

- ☐ Aging Services
- ☐ Attorney/Judicial
- ☐ Developmental Disabilities
- ☐ Health/Medical
- ☐ Law Enforcement
- ☐ Long Term Care
- ☐ Mental Health
- ☐ Student/Student Intern
- ☐ Substance Abuse
- ☐ Vocational Rehabilitation
- ☐ Other

Highest Degree

- ☐ HS
- ☐ Associate
- ☐ Bachelor
- ☐ Masters
- ☐ Doctorate

Highest Social Work Degree

- ☐ BSW/BSSW
- ☐ MSW/MSSW
- ☐ PhD/DSW

Training Event

To ensure this registration form is faxed/mailed to the appropriate person please refer to the Dear Director letter to which this was attached

Training Event you are registering for: _____

Date(s) of Training Event: _____

Location of Training Event: _____

If you are replacing a registered co-worker, what is his/her name: _____

If you are making up a missed training day, which day are you making up? _____